

CARDIOLOGY SERVICES POLICY AND PROCEDURE

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Subject: 12 LEAD ELECTROCARDIOGRAM (ECG)

Policy No.: 3

Supersedes: January 8, 2020

Review Date: March 8, 2024

Origin Date: May 13, 2002

Revision Date:

PURPOSE:

To outline the process for performing an electrocardiogram (ECG)

POLICY:

An ECG is performed by a technician who has passed the Los Angeles County Department of Health Services ECG competency exam.

DEFINITION:

An electrocardiogram is a non-invasive test to record the electrical signals in the heart.

PROCEDURE:

1. Process the ECG request. Follow accompanying special instructions, if any, of ordering provider.
Stat ECG should be called for true medical emergencies when the result ECG will have immediate impact on management decisions.
2. Identify the patient using two identifiers.
3. Document chest wall abnormalities, injuries, cardiac implantable devices, if present.
4. Explain the procedure to the patient in laymen's terms.
5. Expose the chest and prep as necessary while respecting patient's modesty.
6. Attach electrodes to the patient in accordance with standard procedure (Fig. 1). Use alternate lead placement, if needed or requested, for infants, patients with implantable devices, posterior leads, high precordial leads, etc.
7. Acquire the 12-lead ECG.
8. Upload the ECG to the electronic medical record for cardiologist to review.

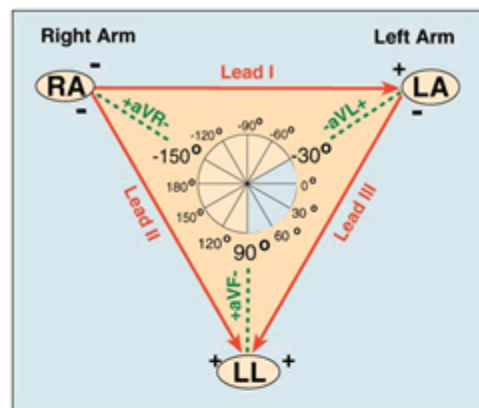
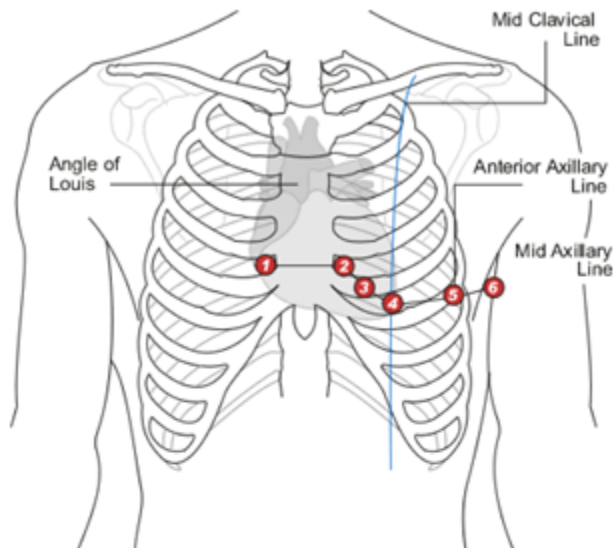
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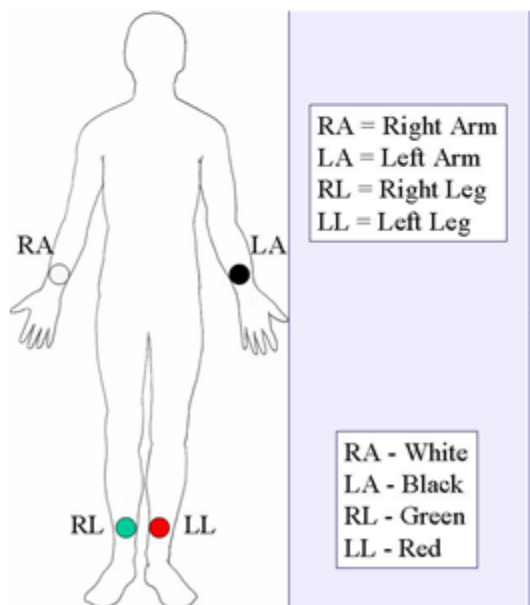
Approved By: Dr. Grace P. Chen, Chief of Cardiology

Fig. 1

Positioning of the 6 chest leads



Positioning of limb leads



LL	Left Leg (medial ankle)
V1	Fourth intercostal space on the right sternal border
V2	Fourth intercostal space on the left sternal border
V3	Midway between placement of V2 and V4
V4	Fifth intercostal space at the left midclavicular line
V5	Left anterior axillary line on the same horizontal level as V4
V6	Left mid-axillary line on the same horizontal level as V4 and V5